

**NAPEA & AFSCME UNIFORM TRAVEL REIMBURSEMENT FORM**

**Travel between January 1, 2020 and December 31, 2020**

Date: \_\_\_\_\_ Department \_\_\_\_\_

Employee Name: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

Conference Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

**SUMMARY OF EXPENSES:**

☐ Round trip from home  
office

☐ Round trip from

(Please deduct normal round trip commuting miles)

Address of Start Location

Address of End Location

\_\_\_\_\_

\_\_\_\_\_

Minus normal commute of \_\_\_\_\_ miles

Eligible Mileage \_\_\_\_\_ x \$ .575 per mile = \$ \_\_\_\_\_

\*Tolls, Parking, Ground transportation \_\_\_\_\_

\*Meals(max incl. tip: B-\$10, L-\$15, D-\$25) \_\_\_\_\_

\*Lodging \_\_\_\_\_

\*Air Fare \_\_\_\_\_

Miscellaneous: \_\_\_\_\_

\_\_\_\_\_  
\*Receipts must be attached.

Trip Total \$ \_\_\_\_\_

Additional comments or instructions: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Approved:

Department Manager Signature: \_\_\_\_\_